



Colorado•SILC

Colorado Consumer Survey for the State Plan for Independent Living (SPIL) 2015

Consumer Survey

Complete this consumer survey **ONLY** if you are person with a disability and living in Colorado

ALL answers are confidential and for restricted use by the Colorado Statewide Independent Living Council (CO SILC) for the purpose of statistical analysis only. **At no time** are you personally identified.

For questions, comments, or assistance filling out this survey, please contact:

Colorado Statewide Independent Living Center (CO SILC):

303-968-6546

survey@coloradosilc.org

If you need to use a Videophone to fill out this survey, please call the nearest Center for Independent Living.

There are 10 Centers in Colorado. Click on this link to find the closest one to you:

<http://coloradosilc.org/resources/independent-living-center-locator/>

Please complete the demographic information below to help us determine if any specific age, ethnic, or cultural populations are under-served.

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DEMOGRAPHIC INFORMATION

Please complete the demographic information below to help us learn more about those who can benefit from Independent Living services.

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Please list your age

Select all of the race/ethnic categories to which you belong.

- ☐ American Indian/Tribal or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/Latina
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Prefer not to say

Other (please specify)

Are you a veteran?

☐

What is your current employment status? Check *all* that apply.

- ☐ I am employed in a full or part time job
- ☐ I am unable to work due to my disability
- ☐ I make sufficient salary to support myself
- ☐ I need (or am receiving) vocational training *— Separate*
- ☐ I am seeking employment or a better job
- ☐ I am a student, volunteer, or retired

Are you satisfied with your employment status?

☐

We are also looking at polling places during elections. Did you vote in the last election?

☐

If not, why? Check *all* that apply.

- ☐ Polls were not accessible
- ☐ Transportation
- ☐ Did not receive mail-in ballot
- ☐ Could not read the mail-in ballot
- ☐ Forgot
- ☐ Chose not to vote/it is not a priority
- ☐ Did not know who or what to vote for
- ☐ Lack of clarity on language of the ballot
- ☐ Could not complete ballot independently (not able to physically fill it out)



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In what ZIP code is your home located?

What is your disability? Check *all* that apply

- ☐ Cognitive (DD/Learning)
- ☐ Traumatic Brain Injury (TBI)
- ☐ Blind or Visually-Impaired
- ☐ Deaf or Hard of Hearing
- ☐ Physical or Mobility
- ☐ Chronic Medical Condition
- ☐ Environmental/Chemical Sensitivity
- ☐ Mental/Emotional Health
- ☐ Other

Other (please specify)

With which organizations are you currently working? Check all that apply.

- ☐ Atlantis Community Inc. (Denver)
- ☐ Center for Disabilities (Pueblo – Alamosa)
- ☐ Center for Independence (Grand Junction–Montrose–Carbondale)
- ☐ Center for People with Disabilities (Boulder–Longmont–Thornton)
- ☐ The Independence Center (Colorado Springs–Cripple Creek–Calhan)
- ☐ Connections for Independent Living (Greeley)
- ☐ Mile High Independent Living Center (Denver)
- ☐ Disabled Resource Services (Fort Collins – Loveland)
- ☐ Southwest Center for Independence (Durango – Cortez)
- ☐ NorthWest Colorado Center for Independence (Steamboat Springs–Silverthorne–Granby)
- ☐ Division of Vocational Rehabilitation (DVR)
- ☐ Veteran's Administration (VA)
- ☐ Mental Health Agency
- ☐ Community Center Board
- ☐ Aging and Disability Resource Center

If you chose Mental Health Agency, Community Center Board, and/or Aging and Disability Resource Center, please state which agency/agencies or region(s)/area(s) you are using:

- 1).
- 2).
- 3).

Independent Living services (IL services) – support and assistance people with disabilities can use to reach goals for living well in our communities. Goal areas include – Access to benefits, housing, transportation, attendant services, social/recreational opportunities, employment, training on how to use assistive technology devices, obtaining a service animal, access to healthcare, low vision, deaf or hard of hearing resources, etc.

What services and supports are you receiving from these organizations? Check// the following Independent Living Core Services that apply

- ☐ Peer Counseling -- sharing experience, strength and hope as well as tools, resources, and tips for living well in the community
- ☐ Information and Referral -- getting the information and assistance from service providers in the community
- ☐ Independent Living Skills Development -- working to develop skills for daily tasks (cooking, cleaning, hygiene, budgeting, choosing and directing supports, etc.)
- ☐ Individual Advocacy -- working to set a goal and develop a plan for living well in the community
- ☐ Systemic Advocacy -- opportunities to have a voice at tables where decisions are made that affect our lives. Organizing to make a difference and realize more inclusive, accessible and accommodating communities for everyone
- ☐ Transition Services -- exploring options for moving out of an institution or custodial environment and into the community with home and community-based services and supports
- ☐ Personal Assistance -- assistance with personal attendant services (bathing, dressing, etc.)
- ☐ Home Modifications -- installation of equipment and physical modifications to make your home accessible (ramps, grab bars, lowered countertops, etc.)
- ☐ Mobility Training -- learning how to use the bus system
- ☐ Vocational Training -- learning skills to get a job
- ☐ Housing Assistance -- assistance with locating and securing a place to live
- ☐ Assistive Technology, Adaptive Equipment, and Service Animals -- identifying and accessing tools for living well in the community (screen readers, magnifiers, service and companion animals, communication devices, etc.)
- ☐ Youth Transition -- developing and implementing a plan for adult life in the community when school ends
- ☐ Transportation -- accessing various ways to get around

Which statement best describes your current situation?



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Options for Living Independently

What other services would help you live more independently? Check *all* that apply.

Housing

- ☐ I would like to own my own home
- ☐ I would like to rent my own apartment

Transportation

- ☐ I would like to learn to ride the bus
- ☐ I would like to learn to drive
- ☐ I would like to find transportation to medical appointments
- ☐ I would like to find transportation to my job

Self-Care/Managing Health Care

- ☐ I would like support with taking my medications on time
- ☐ I would like to learn how to bathe/shower independently
- ☐ I would like to cook my own meals
- ☐ I would like to clean my own house
- ☐ I would like to learn healthy eating and/or cooking habits
- ☐ I would like support with scheduling medical appointments
- ☐ I would like to develop a plan for when I get sick

Emergencies

- ☐ I would like to prepare for what to do in an emergency
- ☐ I would like to develop an evacuation plan
- ☐ I would like to register with an EMT registry

Assistive Technology

- ☐ I would like a device to read my mail, newspaper, etc.
- ☐ I would like to receive training on how to use assistive technology devices to be more independent
- ☐ I would like to learn more about computer software programs that I can use to live more independently
- ☐ I would like to explore assistive technology devices that can help me hear/understand better what others are saying
- ☐ I would like to explore home modifications for the deaf and hard of hearing so that I can live independently (door bell, videophone, smoke detector, signal systems, etc)
- ☐ I would like to explore options for modifying my home to be more accessible (ramps, grab bars, bathroom modifications, etc)

Finances

- ☐ I would like to work on budgeting and bill paying skills
- ☐ I would like to work on making grocery lists and shopping
- ☐ I would like to assess my options with regard to trusts, employment, assets, income limits and benefits

Employment

- ☐ I would like to find a job
- ☐ I would like to work on interview skills
- ☐ I would like to develop vocational skills to learn a new trade
- ☐ I would like to further my education

Advocacy

- ☐ I would like to apply for benefits
- ☐ I would like to learn more about my rights under the ADA
- ☐ I would like to become involved in a community action group, resident advisory council, peer support group, etc.
- ☐ I would like to explore my options, set a goal and develop a plan for living well in the community

Social Skills/Relationships

- ☐ I would like to explore social and recreational opportunities
- ☐ I would like to become more involved in community government
- ☐ I would like to become more involved in community/senior center activities
- ☐ I would like to learn more about community organizing

Transitioning (from parents' home, high school or a nursing home to the community)

- ☐ I would like to explore options for moving from a nursing home back into the community
- ☐ I would like to set a goal and develop a plan for moving out of my parent's home to a home of my own in the community
- ☐ I would like support implementing my school transition plan

What are your major barriers/obstacles that hinder your ability to live independently in the community and access public events? Check *all* that apply.

- ☐ Physical/mobility access
- ☐ Accessible/affordable housing
- ☐ Language barriers
- ☐ Attitudes/discrimination
- ☐ Funding for adaptive equipment
- ☐ Financial resources
- ☐ Reliable transportation
- ☐ Navigating the system
- ☐ Lack of information
- ☐ Overwhelming information
- ☐ Waiting lists

Other (please specify)

Where did you hear about this survey?

- ☐ Email
- ☐ Mail
- ☐ Agency/Service Provider
- ☐ Conference/Presentation
- ☐ Community Event
- ☐ Website

Other (please specify)

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Any other questions, comments or suggestions?

If you have any comments or suggestions for improving our survey, please let us know:

Thank you for taking this survey.

Your feedback is appreciated!

Your answers will help the state of Colorado to improve the services for people with disabilities and to write the next Statewide Plan for Independent Living (SPIL).

Colorado Statewide Independent Living Council (CO SILC)

www.coloradosilc.org

survey@coloradosilc.org

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Done